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DOCTORS AND SPECIALISTS

MORRIS FISHBEIN, M.D.

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If he is a good surgeon all the performers work together like the parts of a noiseless sleeve valve motor.

Doctors and Specialists

A Medical Revue with a Prologue and a Good Many Scenes

By MORRIS FISHBEIN, M. D.

Editor of the
Journal of the American Medical Association
and of *Hygeia, the Health Magazine*

With Illustrations by
DAN LAYMAN

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To

Every Doctor with a Sense of Humor,—
Something a Doctor Must Have to Live at All

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THE PROLOGUE

SATIRE is a dangerous instrument. Only recently in a visit to the prairies of Kansas, I permitted my mind to wander and ventured vague cogitations as to what might happen to medical practise when all of the machines that have been developed to aid the practitioner had been brought fully into use. Two weeks later an inspired quack who was diagnosing and treating disease over the radio read my discussion to the court to prove that he was years ahead of his time. Hence I send forth the sketches that follow concerning the great and the near-great in the medical field with shuddering and misgiving. Let me say at once that I have not any definite personages in mind. Perhaps some colleague or his patients may seem to identify some of these portraits. If they do the responsibility is wholly theirs, for I am unable to do so. To me all of these pictures are caricatures, exaggerating the human frailties and striking palpably only at human nature.

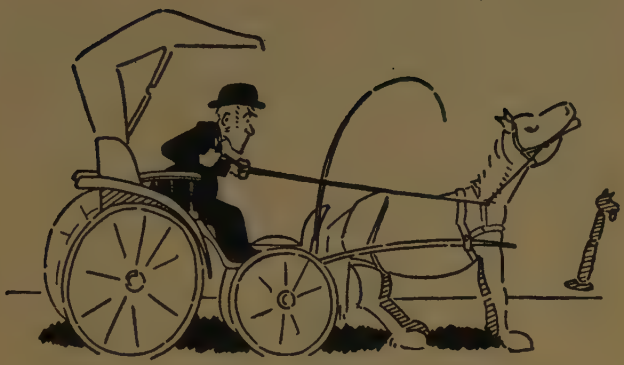
A century ago the vast majority of medical practitioners were general practitioners. As medical knowledge advanced it became apparent that both facts and technique in various fields had assumed such proportions that one individual simply could not devote himself to the alleviation of all human ailments and at the same time keep abreast of progress in every branch of medical learning. Specialism appeared upon the scene. Soon we began to hear much about the basic sciences and a minimum standard of education for all who proposed to heal the sick. Brother Mayo—it was probably Will—enunciated that famous aphorism: "A specialist is a man who knows more and more about less and less." In 1905 about ten per cent. of the physicians listed in the American Medical Directory were specialists. The percentage gradually increased until to-day about twenty-five per cent. of the one hundred fifty thousand physicians who are listed indicate limitation of their work to certain fields. A questionnaire circulated among the graduates of Class A medical colleges indicates that more than fifty per cent. have already chosen their specialty before entering

on their interneships. Of two hundred seventy-five American physicians studying in Vienna at least two hundred twenty-five were making efforts at special competence in diseases of the nose and throat. But will the old-time physician disappear? Nay, Nay, Neighbor! His good points are too many!

Morris Fishbein

Chicago
June, 1930.

DOCTORS AND SPECIALISTS



He drove his horse spankingly up to the stone step.

THE OLD-TIME PRACTITIONER

WHAT has become of that ancient disciple of Æsculapius, the old-time practitioner? He drove his horse spankingly up to the stone step in front of the patient's house, tossed the reins over the iron horse's head that surmounted the black painted gas pipe abutting the curb-stone, and walked briskly to the front door. He wore some J. Ham Lewis hirsute appendages, and he had a fresh-cut flower in the lapel of his Prince Albert suit. His hat was hard and high, but his voice and his fees were soft and low.

A few decades ago the old doctor was the whole works; then came the bright boys from the laboratories, and the rattle of the electrocardiograph, the dazzle of the flashing glassware, the leaping mercury of the manometer, the hoarse cough of the basal metabolic apparatus and the array of specimens, eliminated, extricated, expectorated and emanated from every possible orifice in the patient's anatomy, put the general into full retreat. He didn't know a blood count from a blooded one. It was even insinuated that when called to a patient on whom the diagnosis was hardly clear, the practitioner would throw the patient into fits—for he was "hell on fits."

He believed in humors, and he had to be a humorist to keep from laughing himself at half the things he did. He had a remarkable rotundity—a "bay window" in the language of the day—and he held it in place with a twelve-pound gold chain, hung east by west, in the region of the umbilicus, which retiring organ was still further sheltered from the cool breezes by eight to ten insignia of the entire brotherhood menagerie: the ancient

and impressive orders of Eagles, Moose, Buffaloes, Elks; the entire mythology and ethnology including Pythias, Maccabee and

No other man in the village had the proper vest capacity for holding the insignia.

the Red Men, and all the accepted trades including the Woodmen, Odd Fellows and Masons. He was a joiner by heart, by habit

and by appearance. No other man in the village had the proper vest capacity for holding the insignia. When he walked he jangled like the chimes of Trinity Church.

The old doctor was a man of infinite jest as well as abdomen. One night his wife woke up suddenly and poked him in the ribs. "Henry," she said, as she jabbed him, "did you lock the door?" and Henry, who was inner guard in the ancient and honorable, benevolent and friendly, protective and protesting, order of sound sleepers, answered dreamily, "Worthy ruler, our inner portals are guarded!"

And how he could practise! He learned his therapy from a good old materia medica which was long on titles but short on pharmacology. This he increased by naïvely accepting the claims made in the advertising pages of the medical journals current in his day, and by post-graduate courses regularly presented by the advance agents of the schools of Tellem and Sellem.

When the old general wrote a prescription it was a prescription. It had substance, it had odor, and it had a kick like an over-

cranked Ford. Back in the early days he prescribed Rush's thunderbolt—ten grains of calomel and ten of jalap at a single dose. It cured everything from cough to chilblains. When the patient first took it he didn't dare to cough and after it worked he was too weak to walk. If the patient seemed nervous he got nervine which was mostly strychnine and if he seemed depressed he got nux tonica which was all strychnine. To make sure of a good wallop the old general would inquire symptom by symptom and put something in the prescription to cover every indication. The basis was invariably spiritus something or other which showed the right spirit by taking up any of the indications which the rest of the prescription may have overlooked.

The old doctor's record of recoveries would have surprised you; much of the time it surprised him. Perhaps we all remember tasting some of his stuff. It had a flavor vaguely resembling a cross between that of a disappointed persimmon and a papaw gone to seed. Usually it contained so much alcohol to dissolve its ingredients that the patient was afraid to strike a match for fear his

breath would burn. Everybody remembers Frye's Vermifuge. Once a little boy, given a dose of that subtle preparation, blew his breath on a fishing worm and it stiffened out and hardened like a lead pencil.

One time in July he was called to see a boy, whom he found lying in bed, with both hands on his little stomach. The old doctor took a history, and he was strong on history and observation.

Then the mother came in and asked tremblingly, "Oh, doctor, what is it?" and the medico answered:

"Nothing, madam, but no stomach that size can hold seven ears of green corn." He had not passed a stomach tube, he had not even taken a set of serial plates of the region from the esophagus to the last sphincter. He got his moving-pictures while driving along the roadside, studying the shifting movements of glorious white clouds in a sky of heavenly blue.

Yes! The old doctor put on little dog, he was a simple kindly soul and a keen observer. Fortunately, he was rewarded by his patients according to his merit: Dr. L.

Frank, of Milwaukee, published a little note taken from the note-book which the old doctor kept in 1842:

16 office visits at 37½c.....$6.00
Solutions and powders..... 2.52

$8.52

Paid by receiving stove.

There is a whole novel in three lines; there too is a very substantial book on economics.

The old practitioner is passing. As Abe Martin says: "The old-fashioned doctor who used to tap us now has a son who pulls our teeth." But before he left he made an impression on the people of his period which will never be forgotten. They loved him, they respected him, they believed him, they trusted him. He gave them their initial swat as they were welcomed into the community; his meconium-removing finger released their first shrieks into a cold unhearing world; his calomel unlocked the obstructions of their youthful dietary misdemeanors; his cheerful gaze uplifted them during

measles, scarlet fever and whooping cough, which he frequently doctored not wisely but too well. He encouraged them during the production of their own progeny; he sympathized with the old gentleman's dyspepsia, and the old lady's rheumatism; and when one of the members of the family fell foul of some epidemic or unnaturally hastened into the always accommodating rooming place in back of the old church, he was ready with a perfectly scientific explanation of how it happened.

THE MODERN MEDICO

THE modern medico is the end-product of a perfect civilization. To paraphrase an earlier description, he must combine the finesse of a diplomat, the eloquence of a lawyer, the impartiality of a judge, the decision of a general, the frankness of a witness and the astuteness of a man on trial for his life, with the precision of a mathematician, the imagination of an artist, the altruism of a philanthropist, and the tenacity of a pawnbroker in money matters. While he tries to analyze the idiosyncrasies of the uneducated rich, who seem to be peculiarly liable to medical delusions, he is kept busy trying to keep the still more uneducated legislators from legislating him into the poorhouse. He must perhaps neglect the illness of some laborer who needs constant attention in order to coddle some convalescent melancholic who never was sick. He gets to see his wife and children every Sunday morning—whether they need it or not.

Likely as not when he reaches his office he finds it full of people. He calls the first man in and is offered a set of the speeches of the world's greatest orators in ten volumes at one dollar down and one dollar for ever. He calls the first woman in and is offered *Woman's World* and *Everywoman's* for eight dollars a year. The next one wants a certificate alleging that he has been sick for three months so that he can collect from the Union. Then there is an inspector from the Department of Internal Revenue who merely wants to look over the records, and finally a collector for a firm that "feathers your nest," trying to locate some bird who has escaped with the feathers. Obviously the doctor has had a profitable afternoon. Even a druggist hasn't got one-half the responsibility.

The old-time doctor when called to a case, would take the history, feel the pulse, look at the tongue, thump the chest and listen to it; then his job was done,—all but the brain-work. He made no attempt to substitute a forty-four-inch waist measure for a thirty-eight caliber brain. Then came all the machinery that reduces diagnosis to a pure

science. The microscope, the spectroscope, the esophagoscope, the proctoscope, the cystoscope, make visible any cavity into which the professor wishes to focus. If the light does not shine brilliantly he injects lipiodol or some other combination that makes any hollow viscus opaque to the X-ray. There is one dye that can be placed in the blood and travel right to the gall-bladder, so that when the X-ray plate is taken the local quarry appears like a bunch of grapes. Another, put into a vein, is soon receiving its mail in the kidney, and there, when the X-ray comes on, it has set up shop with a sign above the door: "Sand and gravel available here."

Time was when the blood was just something red that came from a cut finger or a bleeding proboscis. Now the blood is a fluid full of actions and reactions. The red cells carry oxygen—the white cells fight disease. There are enough varieties of the latter to make a new specialty called hematology. Just to list their names would use up the ink in a giant-size fountain pen. There are leucocytes, eosinophiles and megakarocytes.

Every little white cell has a meaning all its own. Then there are the blood platelets. They bear the same relationship in size to a red cell that a butter-plate does to a service plate, but they are just as important. Let the platelets drop enough and a flick with the fingers will make a bruise resembling the results of a sock by Jack Dempsey.

The modern doctor has to be a combination electrician, optician, mechanician and metaphysician. He has to know about the sphygmograph, electrocardiograph, spirometer and manometer. Where the old-timer guessed he has to measure. He can record every twitch of a human tissue and when it's done he knows more about you than even your mother thought.

The old-time doctor used to prescribe some rather simple remedies in rather obscure Latin. The modern does not need Latin; the names of the drugs are obscure enough. Think of suggesting to a patient that he take dioxydiamidoarsenobenzol or orthoiodoxysodium benzoate. He could take one syllable three times a day and at bedtime and still have enough left to finish out the week.

Science and electricity are coming into medicine, and no mistake. A German colleague has ventured the suggestion that the procedure in the future will be something like this. The medico will sit at his desk smoking a perfecto-perfecto and enjoying

"You have idiopathic thrombocytopenic purpura."

the opera at Buenos Aires, coming in over his television radio set. Suddenly there comes a buzz from his combinastat. He shuts off the entertainment and goes to work. A serious case needs consultation in Tonopah. The hook-ups are made and the recep-

tion commences. On an indicator are listed the significant facts of the patient's life from before birth to the *status presens*. A frosted screen reveals his blood picture. A television device shows him in natural colors—or if he is anemic in lack of them. A manometer records his blood and spinal fluid pressure, an electrocardiograph traces the motions of his heart; his gastro-intestinal maneuvers are visible in motion-pictures. Radio amplifications provide the sounds from his heart, his lungs and his abdomen. The professor asks questions; the patient or the local medico replies. Then comes the diagnosis sharp and clear: "John Jones has encephalitis; give him the usual treatment."

The emphasis on the laboratory and on the machinery in recent years has made the philanthropists, the sociologists and the economists think that the medical problem of the future will be answered by more and more organization and mechanization. Henry Ford has his own scheme. It was Henry, traveling through his factory who, seeing a workman using his right hand to fasten one nut and his left to turn on an-

other, suggested that a broom-handle be attached in the rear so that the man could brush off the floor behind him. Indeed, they say the great organizer being carried to the hearse, sat up and said to the six pall-bearers, "If you boys will put a couple of rollers under this, four of you can lay off and help the undertaker with the carriages." Think what this system could do for the removal of tonsils.

The robot having been told by factory doctor 45 that his tonsils should come out, goes to Tonsil Station K by appointment Tuesday morning at seven A.M. On arrival he is at once ticketed as Rt.-ScT 3765 (Robot Subclass Tonsils 3765). As he enters, his clothing is automatically removed; he pauses under a shower of warm water, is dried by a blast of hot air, is encased in a sheet, and moves on under his own power to meet a technician CS 37, the cocaine smearer—who smears the throat and surroundings with cocaine to dull the reflexes. Then he goes to PP 42, the procaine pusher, who shoots in procaine at preferred points to block the nerves of pain. Now he advances

still on his own power to a chair moving on a belt where he is seated and carried to RTS 21, a right-handed man, the right tonsil snatcher, who snares forth the right amygdalous organ, and then still in the chair, by the pulling of a lever, to LTS 21, a left-handed man, who snares the sinistral amyg-

Body simonized and interior

dalous encumbrance. Another jerk of the lever removes him to the tender ministrations of MR 46, the mucus remover, HI 28, the hemorrhage inspector, BVT 41, the blood vessel tier, and CA 25, the chair adjuster. Now he finds himself in a horizontal position being gently eased into Ward 8, Bed 12,

where he is visited at periodic intervals by IBC 12, the ice-bag changer, N 5, the nurse who holds his hand, takes his temperature and keeps the record, D 9, the dietitian who picks and supplies his food, and the maiden who watches out for his physiologic necessities, a specialist with postgraduate train-

renovated in thirteen minutes.

ing in Chic Sales' school. On Wednesday the patient arises on his own power and passes out through door 21, through another shower, through another blast of hot air; he receives his clothes which have been renovated and pressed, sees cashier 23 who charges him just what he had in his clothes

when he entered the door, and departs back to a life of turning bolt 91 on axle 92 until some other part of his anatomy succumbs to the wear and tear of human existence.

Heaven grant, friends, that the picture is false, but already there are institutions for the treatment of venereal disease by modern specialists where the technique departs but little from this efficiency. The doctor does not know his patients, the patients do not know their doctors, and as far as any of them personally are concerned, only the cashier seems to give a damn. This, colleagues, is a system. One pauses in admiration.

Not long ago a little peddler entered a ten-story building, took the elevator to the top floor and entered an office. He told the first man he saw what he was selling. The man pushed a button, grabbed the peddler by the coat collar and kicked him down the stairs to the ninth floor, there another man grabbed him and shoved him to the eighth, there he was met and propelled to the seventh and so on to the sixth, fifth, fourth, third, second and first and out the front door. As he was

deposited on the sidewalk he turned around and said in a voice burning with admiration, "Mine Gott, vot a system."

The modern physician is learning already the lesson that Paracelsus emphasized anew five hundred years ago. The human being is composed of both a mind and a body and in the treatment of disease, both are of importance. If the mind is troubled by worry over the family, the job, the present, or the future, convalescence is delayed. These are the things that used to concern the old-time physician. But technique came in; anesthesia put the patient to sleep, asepsis made him safe in the operating room, and the surgeon became the mogul of the medical profession.

THE SURGEON

Some would have it that the surgeon is merely a plumber with a higher education; others exalt him to those heights which hold only the medical immortals. A patient enters his office.

"What's the trouble?" asks the surgeon.

"Doc," says the patient, "I think I've got the appendicitis."

It isn't safe for the surgeon to disagree with a diagnosis like that.

Now the surgeon is sitting in his palatial edifice at 10:30 P. M. listening to an orchestra from Pittsburgh playing *You Made Me What I Am Today*. A bell rings; and the second maid who answers the telephone, suggests to the surgeon that some one would have converse. A humble internist is calling and the surgeon hearkens to his S. O. S. The wielder of the scalpel removes his silk dressing gown, encases himself snugly in a broadcloth, fur-covered overcoat and presses a button to notify the chauffeur that his

Rolls must await him beneath the portico of his edifice. He proceeds to the hospital. As he enters the door two nurses fall over each other to remove his outer garments and place them in suitable steel receptacles. The internist greets him humbly and they proceed like the king and his lord chamberlain to the patient's bedside. After a brief colloquy, the surgeon is tempted to perform an exploratory operation. This is obviously not his desire, for he has schooled himself carefully never to operate except on the most perfect indications. Indeed, he remembers to this day his horror when an interne hung on the door of a room in which rested one of his patients, a sign reading: "Opened By Mistake." Now a retinue is assembled. It includes a first and second assistant, an anesthetist, a surgical nurse, a dressing nurse, a sponge counter, by no means the least important; an awe-stricken group of internes, and a history writer to catch the pearls that cascade from the surgeon's lips during the course of the performance. Thus a surgical impresario; the queen bee of the hive; the final exhibit!

It is in the operating room that we see him at his best. He has divested himself of his sartorial splendor and is attired in garments of gleaming white, indicating that the patient must come clean after the operation is over. The surgeon's ever vigilant eye now assumes a keenness double that conferred on ordinary occasions. He must assure himself of the absolute purity of all connected with this auspicious ceremony, and he leads the way by laving his own hands and arms repeatedly in various solutions calculated to bring the mortality of the bacterial population up to one hundred per cent. The members of the retinue follow him, somewhat self-consciously, and then the performance commences. If he is a good surgeon all the performers work together like the parts of a noiseless sleeve valve motor. And if they don't work together, the result is like the sound of a twelve-cylinder engine with every third cylinder missing.

The great Celsus, who lived in the reign of Tiberius, described the surgeon for us: "He should not be old, his hand should be firm and steady, and he should be able to

use his left hand equally with his right; his sight should be clear, and his mind calm and courageous, so that he need not hurry during an operation and cut less than required, as if the screams of the patient made an impression on him."

At least two times each year the surgeon proceeds, after due deliberation, on what is known in the vernacular as a "barn-storming" circuit, its purpose being to shed the refulgent beams of his genius on the multitude, and to let them know that his mortality rate in ulcers of the stomach and his percentage of functional return after fractures compare favorably with those of the Mayo brothers. But he is seen at his best at the medical convention. Here he bustles about, entertaining his colleagues from the hinterland, and rushing from section to section, to contribute his mite to all the discussions. Here he gives forth, with the dignity of a sage, quaint aphorisms which are the final words and which are cited year by year as the centuries pass:

"Gall-stones are the tombstones of the typhoid bacilli that lie within."

"Great restlessness is not pathognomonic of hemorrhage. I have noticed the same symptom in a patient with a furuncle on his gluteus maximus."

"Herniotomy is usually unjustified unless a rupture is present, except, of course, in extreme cases."

"A stitch in time costs two hundred dollars."

"He jests at scars who neatly sews a wound."

"A depilatory has no place in the treatment of hemorrhoids."

"Out of four hundred cases in our service at the Sherman Hospital, only fifty failed to develop shock, but these had not been informed of the fee previous to the operation."

The surgeon of a previous day devoted himself largely to the removal of diseased or dead tissue. The modern surgeon is a physiologist. He concerns himself with the conservation of function. True, he can now remove the stomach, the spleen, one kidney or ten feet of intestines with impunity. If he does, the works are likely to go on better than before. Actually, a Johns Hopkins

surgeon removed completely half the cerebrum of a woman patient and when she recovered, she was as smart as any normal woman.

It should be obvious, from what has been said, that the surgeon must be more than an ordinary fellow. He should have devoted many years to the acquiring of his art and his technique; he must be a master in medicine who has developed himself in pathology and in diagnosis; and he should have spent sufficient years under a competent master to approach his responsibility with supreme confidence and with ultimate mastery.

It was to the surgeons that Rudyard Kipling said:

"Is it any wonder, gentlemen, that your calling should exact the utmost that man can give—full knowledge, exquisite judgment and skill in the highest to be put forth, not at any self-chosen moment, but daily at the need of others? More than this: Your dread art demands the instant impersonal vision which, in one breath, one beat of the pulse, can automatically dismiss every preconceived idea and impression, and as

automatically recognize, accept and overcome whatever of new and unsuspected menace may have slid into the light beneath your steadfast hand.

"But such virtue is not reached or maintained except by a life's labor, a life's single-minded devotion. Its reward is not only the knowledge of mastery and gratitude of the layman, which may or may not bring content. Its true reward is the dearly-prized, because unpurchasable, acknowledgment of one's fellow craftsmen."

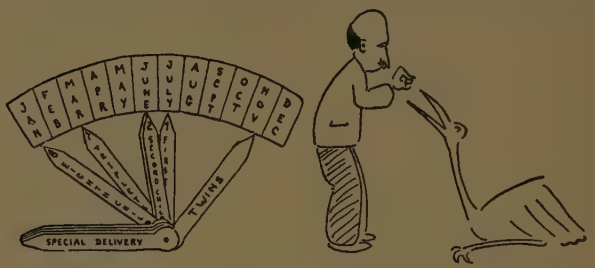
To-day the surgeons are a glorious guild organized to raise the standards and the ethics of their own specialty. They insist on competence and honor. Recently two of them were talking about a colleague who had strayed from the straight and narrow. "We ought to ostracize him," said the first Sawbones.

"By gosh, you're right," replied the second, "and when we do I'd like to hold one of his legs."

THE OBSTETRICIAN AND GYNECOLOGIST

THE obstetrician is a medically educated night-watchman! Regardless of the fact that statistics show almost as many babies born in the day as in the night, the average woman seems to hold out for the darkness. There was once a day when this made a great deal of difference to the obstetrician. But not so now! Be it understood at once that, regardless of the fact that some several billions of human progeny must have entered this world in the normal order, at due time, and quite unassisted, the modern obstetrician is little inclined to permit mother nature to "roll her own." He is frequently a mathematician with a high degree in calculus. He must calculate correctly that he may have his obstetrics "by appointment." The obstetrician is the one member of the medical profession who can quite definitely set many of his engagements far ahead. There was a time when he had to hasten

forth at all hours into all sorts of weird domiciles which he immediately turned into efficient delivery rooms. Nowadays he languidly murmurs to his interne or the night nurse, "Let me know when you need me," and then returning to the table he remarks nonchalantly, "I'll bid four spades." Per-



The obstetrician must calculate correctly that he may have his obstetrics "by appointment."

haps a few hours later the telephone rings and he departs for the hospital. He arrives to find the interne holding on for dear life while the prettiest junior nurse wipes his perspiring brow, and the patient, ready for relief, greets the obstetrician like the coming of a new Messiah.

In a few moments having made himself quite sterile for the nonce, the obstetrician

is ready for the delivery. "Now give her the ether," he says, and presto, another Babbitt is born.

A few years ago when an eminent obstetrician was concerned with building the Chicago Lying-In Hospital, he wanted a motto to put over the door of the delivery room—a motto that would sink deep into the hearts of all the physicians who might be called to attend the entrance into the world of some Washington or Lincoln. He wanted a motto that would remind the physicians constantly of the work of Oliver Wendell Holmes, of Semmelweiss and of Pasteur, and he wanted above all things to enforce in their subconscious memories the thought of conservatism.

There came to him the notion to engrave in stone that famous aphorism from the time of Hippocrates, *"Primum non nocere,"* which properly translated, means "First, do no harm." Now the idea was a good one, but with his usual carefulness, the obstetrician determined to consult a scholar and he wrote to Keith Preston, who was then professor of Latin in Northwestern University.

Preston approved the motto but suggested the possibility of an alternative translation. "That phrase," he said, "can also be translated: 'Do not be naughty in the first place.'"

Whenever a Latin proverb is susceptible of several interpretations, it is customary to carry the decision to other notable scholars. In this instance, therefore, the motto was sent to Professor Rand, of Harvard University. Professor Rand, having perhaps in mind the use to which the room was to be put, suggested the possible translation: "No harm in just once." At this point, it became clear that "*Primum non nocere*" was figuratively dynamite if placed in the delivery room of a lying-in hospital. The Latin scholars among the physicians then suggested the four-word motto: "*Non vi sed arte,*" which may of course be translated "Not by force but by skill." Again Mr. Preston was called on and again his facile mind discovered an alternative translation: "Not biceps but forceps." The motto that really is most appropriate is: "*Labor vincit omnia*"—"Labor conquers everything."

In his spare time when the birth-rate is falling, the obstetrician devotes himself also to the arts of the gynecologist. The worst thing about the gynecologist is pronunciation. He is pronounced various, gyne, ginni, jyni and jinni, any of which is right or wrong depending on how he happens to feel that day. To be a good gynecologist one

The obstetrician on Labor Day.

must be either inordinately handsome or ungodly homely. He must be sufficiently different to attract the ladies and sufficiently indifferent to keep them attracted. There was a time when he was afflicted with a house-cleaning complex. Lead him to a feminine abdomen and he could remove

more organs than a freshman medical student knew there were. His not to reason why, his not to pass them by!

It was an earlier day when the obstetrician and gynecologist spent most of his time waiting for his patients to remove sufficient clothing to permit an examination. Then came the modern fashions and life for these experts speeded up so greatly they can do their work in half the time and take vacations in Honolulu in the winter season. The step-in has made it possible for the gynecologist to step-out.

For centuries obstetrics was the exclusive prerogative of the ladies except when it became too complicated. Then came the man-midwife, and nowadays only recently imported foreigners, atavistic Americans and the Senegambian sisters avail themselves of the woman-midwife's services.

Time was when the woman about to confer a blessing upon the alleged master of ceremonies could undertake the accouchement suitably in the place where the idea originated. Nowadays most of the ladies arrange far in advance for board and lodging

in a hospital. There, for several weeks, they lie in state, with a new cap every day, while all the admiring relatives fetch books, flowers and gastro-intestinal succor. The doctor meanwhile wonders how he is ever to collect when the bills for the flowers, the taxis, the hospital and the nurse are matters of first and certain attention.

Consider the scene in one of these bambino emporiums. The prospective father paces frantically up and down the waiting-room. Ever and anon he sends for the impresario and tries to tell him how serious a strain the occasion represents to his emotions. To this the professor murmurs: "I never lost a father yet." In the meantime the wife's mother is trying to tell the obstetrician the history of the family from the time when Great-Aunt Sophronisba deposited Grand-Uncle Hezekiah in a spring wagon to the time when she herself had twilight sleep. A tender-hearted blonde nurse eases the professor out of this threatening situation by asking him to enter the stork's hatchery. His entrance causes the patient to remark that this is going to be a

lesson to her. Calmly he determines by listening to the heart rate of the anticipated voter that it will be a girl. This is the only safe conclusion. If it really is a girl he earns respect and if it is a boy the pleasure is so intense that the wrong guess is forgotten.

What a certainty is the life of the obstetrician. Diseases may come and diseases may go but obstetrics goes on for ever. And the process is interesting to the coming generation.

Little Willie rushed into the house shouting, "Mother, dear, Susie and I are going to be married."

"Now, sonny," said mother, "you'd better wait a while. Marriage is a great responsibility. You'll have to grow up and earn a living and get a home and then, what will you do about children?"

And Willie said, "Oh, mother, we won't have to worry about that. Every time Susie lays an egg, I'm going to step on it."

The gynecologist devotes himself to repairing the ravages of the process of life. To him by modern methods all things internal are apparent. He makes visible the deeper

mysteries of the feminine interior. For backache he strengthens the slackened supports of sagging organs. Time was when women depended for this purpose on the inspired remedies of La Dame Pinkham and the wine of Cardui. But now they know that spiritus frumenti taken internally will no more shorten the ligaments than soaking a pair of outworn garters in the same convivial fluid will restore them to their pristine freshness. So Madame proceeds to the gynecologist. She is relieved by the attending nurse of her habiliments; she is deposited on the table for examination; the gynecologist enters and begins his researches, and a muffled voice murmurs, "Oh, Doctor!"

THE NEUROLOGIST AND PSYCHIATRIST

Oh, for the day when there were but two types of mentality, the wise man and the nut! To-day there are as many forms of mental disturbances as there are types of streptococci. They have taken the human mind and split it into layers with the conscious at the top, then the subconscious and finally the unconscious. However, even here there is no rest and we come at last to the spirits of A. Conan Doyle and Sir Oliver Lodge. James Harvey Robinson wrote a book called *The Mind in the Making*, but they are not making it, they are disintegrating it. It was a beautiful symbolism that the high priest should have been named Freud, a name which requires only the exchange of a single letter to make it sound exceedingly doubtful.

Neurology is a system of diagnosis with one prescription—and that is rest. Of course, the psychiatrists have the cathartic method, but that is a third degree, not a

stimulant of peristalsis. The psychiatrists are full of obsessions and suppressions, inhibitions and exhibitions, substitutions and prostitutions. Besides these there is only syphilis. As one insane man expressed it: "There is hardly a case that a neurologist can not conscientiously take because it is not in his line, for most cases of sickness are accompanied by pains; pains are caused by nerves, and nerves are his business. Neurology," he continued, "knows two hundred and fifty-seven ways of diagnosing a disease, fourteen and a half medicines to treat it and none to cure. . . . The fourteen and a half medicaments consist of five bromides which our great grandmothers gave to their grandchildren when they were irritable, two other sedatives derived from barbital, five physics and two sleep producers."

A business man was describing the way in which his wife was examined by a neurologist: "You won't believe me," he said, "when I tell you what Sarah went through with him. He pinched her, he pushed her, he turned her over and he turned her back; he made her stand up, he made her lay down,

he tickled the bottom of her feet; he slapped her in the face; she stuck out her tongue, she opened her eyes, she closed her eyes, she whistled, she laughed."

"Good heavens!" said his friend. "Don't say any more. I'm nervous myself from hearing about it."

The hardest job that the nuerologist has is to get rid of the patient.

The hardest job that the neurologist has is to get rid of the patient after having exhausted all the resources of his science. Here again the insane patient will come to his aid. "If your treatment does not help," he advises, "you will resort to Christian Science, blame the patient for occupying

himself too much with his Ego, tell him that he ought to think more sublime things; that there exists no pain except we think of it, and so forth. If this does not help and a patient in the hospital persists in having pain he will be a bad advertisement for you. Get rid of him."

The paths of the neurologist and psychiatrists are spread in pleasant places. They do most of their work in beautiful asylums and sanatoriums among green shrubbery. Of their work Mencken said: "Psychotherapy is the theory that the patient will probably get well anyway and is certainly a damn' fool."

The apotheosis of the psychiatrist is achieved when he appears in court to explain why some one with sufficient money suddenly blotted out a couple of innocent bystanders. The old proverb sayeth: "It's a poor alienist that won't work both ways."

One of the leaders was, not so long ago, on the witness stand. The legal luminary was attempting to find out whether he was a neurologist or a psychiatrist. "Doctor," said the apostle of the law, "you are not, I under-

stand, a neurologist, but a psychiatrist, pure and simple?"

And the doctor answered: "Relatively pure and wholly simple!"

The neurologist has mapped the system whereby the impulses that come from central in the brain produce a real kick when the message reaches the proper terminal. He can tell you why your heart beats faster when your best girl says she will. If the hand shakes, he knows whether it's the shaking palsy or buck fever. If the eye reacts to light but not to accommodation, he postulates a misspent youth. If a middle-aged man develops a spring-halt he has the same suspicion. He, it is, who first developed a system of curing one disease by giving the patient another—that's the malarial treatment of general paralysis.

When grandpa who has heretofore been so Scotch that even his suspenders wouldn't give, suddenly buys four hundred dollars' worth of silk underwear, it is time to call in the neurologist because grandpa has delusions of grandeur. When Uncle Henry suddenly asks for a piece of toast because he

thinks he is a poached egg and wants to sit down, the psychiatrist must come a-running. When Cousin Elizabeth begins hearing the voice of her long-lost beau asking her to come for a walk in the woods, this professor has his day. As the psychiatrist strolls wearily and warily down the boulevards, he has his suspicions of all of us. "They're all crazy about me here," he murmurs. And he is more than half right!

THE PEDIATRICIAN

OF ALL the hard assignments in the profession that of the baby doctor is hardest—and for many reasons. In the first place the babies can't talk—but the relatives can. And do they? They certainly do. With the grown-up patient the doctor enjoys himself getting a history of the case. With the baby he has to make all his examinations and build the diagnosis on that. Ninety-nine times out of a hundred the relative who explains the complaint relates it to the fact that a second cousin on the opposite parent's side was insane or to the fact that the nurse dropped the baby when it was six months old.

When any other member of the family is ill the sign "Business as usual" hangs on the door but when the baby is ill that is everybody's business. Under modern conditions of child training the ownership of a baby is a luxury. If a baby isn't a luxury it's an accident. Actually a baby is a business with new liabilities and new assets every day and

if the owners do not give it their full attention it is sure to be a failure.

The life of the baby has been systematized. The pediatrician demands that it be raised by the clock. The mother who is working on a modern pediatric schedule will never find time to learn that two clubs is a

"Just state those symptoms again, please."

command bid and indicates that she must bid two or three of her very best suit. Indeed, while she is attending the needs of a modern infant she has no best suit,—all her clothes reveal the baby's trade-marks.

Most of her time will be spent on the formula. A formula is a guide to what the pediatrician thinks ought to be assembled in order to fill the infantile interior five times

and have nothing exterior left over. Various pediatricians insist on various formulas and the same pediatrician varies his own formula on the slightest provocation. Nevertheless it is all scientific and accurate. The average parent is very proud to be performing under such a system.

One was bragging recently to an acquaintance. "This kid," he said, "has been raised strictly according to Hoyle."

And the sympathetic acquaintance chimed in: "That man Hoyle is a great baby doctor."

The pediatrician judges the results of the infantile biochemical laboratory by the infantile output. This too has been reduced to a science. A good pediatrician investigates color, consistency, quantity and quality and then changes the formula.

The average medico picks an hour when he will investigate a case but the pediatrician simply has to come a-running. Recently a young couple possessed of their first offspring telephoned a pediatrician in utmost haste at eleven P. M. He made the trip in twenty-one minutes flat.

"Where's the baby?" he asked, as he entered the apartment.

"He's sleeping wonderfully," said the young father, "but we were talking things over this evening and we decided to find out how long it would take you to get here if we really needed you."

The reception-room of the pediatrician is usually filled with fond mothers glaring at the hopefuls of their neighbors and wondering how any children could possibly develop such terrible manners. Besides concerning himself with the infant's diet and his diseases the pediatrician has become an investigator of the child's mind and behavior. It is now believed, as the result of numerous tests, including the firing of revolvers behind the baby's ear and letting the baby fall off a table, that the future of the child is determined before it is six months of age.

An inspired doctor put his baby in a room with a Bible, a brief-case, a stethoscope and a silver dollar to see whether the baby would be a minister, a lawyer, a doctor or a financier. When the door was opened the baby was sitting on the Bible with his feet on the

brief case, swinging the stethoscope in his left hand and biting the dollar which he held in his right. So they decided to make him a Congressman.

A Chicago woman doctor decided recently that all the hocus-pocus about formulas was unnecessary. She put a baby down in front of a tray containing a great variety of foods and let it pick what it wanted. One baby voluntarily selected a glass of cod-liver oil whereupon four mothers insisted the baby was abnormal. Another ate six consecutive hard-boiled eggs and it's name was not Capone.

The pediatrician has to be quick on the diagnosis. One colleague entered the home of a Senegambian family recently and while he examined an older child, the baby sat on the floor and howled. "That baby is spoiled," he said to the mother.

"He is not," she retorted, "all cullud babies smells dat way."

The pediatrician is after all the answer to a mother's prayer. When the whole family is distracted because the infant's temperature has reached one hundred and three de-

grees and it is screaming bloody murder, when all the usual remedies have been tried including walking up and down, singing, a bath in hot water, a drink, a breast feeding, and a changed napkin, the pediatrician is summoned to take charge of the case. He enters the room majestically, thumps the chest and back, feels the abdomen, listens to the heart and lungs, looks down the throat and into the nose and ears, examines the last two specimens, orders an enema, changes the formula and the next day the infant is smiling and well. It's magic!

THE OTOLARYNGORHINOLOGIST

A DOCTOR in the olden days
Was trained and skilled in many ways.
There was no illness known to men
That did not fall within his ken;
The nose, the eye, the ear or throat,
The dermis or the stomach's coat,
The arm, the leg, the scalp, the chest,
Or anything beneath one's vest,
He knew them all and knew them well
And could their various functions tell.

But doctors of these modern days
Are trained and skilled in diff'rent ways;
Each knows the illness of some part,
One knows the nose, one hears the heart;
One using an ophthalmoscope,
With naught but optics tries to cope;
Jones feels the arms; Briggs pulls the legs,
While Brown taps chests that sound like kegs.
The patient anxiously must bleat,
Say, doc, which nostril do you treat?

The average specialist is content with one section to which he devotes his attention—

not so the otolaryngorhinologist. He delves into three separate and distinct portions of the anatomy. As an otologist, he deals

"Not my line—Doctor Gauche does the left tonsil."

deftly with deafness; as a laryngologist, he has squatter rights on the tonsil mine; as a rhinologist, he is etymologically sitting pretty, for *rhino* meaneth money, and *logist*, to get it logically.

Behold him for a moment at his daily toil! He dismounts from the elevator at one of the high floors of the city's most palatial skyscraper and enters the door of his official suite. He is greeted by a solo played on an orchestra of wind instruments. He hears the tooting of trumpets, the hooting of horns, the blare of bugles, and a blast from bloated beezers. It is a combination "snotta" and "snarenade." This welcome gives him joy. He enters into his inner sanctum and puts on an apron such as is worn by artists of the Latin quarter. In his way he is as much of an artist as any of them. He now binds about his head, or seizes between his teeth the badge of his office. Without it he would be as much undressed as Eve without a fig leaf. It serves a double purpose, it enables him to cast light into unilluminated orifices, and it amuses the children. In the meantime his majordomo who can write "one visit, five dollars" with either hand, while making appointments over the telephone for the golf links at two o'clock with the other, has directed the prospective subject of air hunger into the

two to five pigeon-holes where patients are relieved and relief is rendered.

The OLR now seats himself before the wheezing, sneering aspirant for attention, introduces the shiny tongue depressor between the patient's lips, and says to the patient, "Say 'ah.'" Then he pushes the tongue depressor down. The tongue is an organ of speech. The result of this maneuver is that the patient attempts to wrap his vocal cords around the doctor's finger. The specialist withdraws the depressor, and fearing the patient is not sufficiently depressed he murmurs:

"Those tonsils will have to come out."

"But doctor, I've already had them out twice."

"Twice! Who took them out?"

"The first time you did, and when they grew back again, I had Doctor Jones."

"Well—— Yours is a remarkable case, but they've got to come out."

The tonsil remover has then a considerable advantage over the surgeon. His only equal is the obstetrician. The obstetrician removes one growth and a year later another

exactly like it. Likewise the remover of tonsils.

The next step is to place within the nostrils of the patient a clever little device modeled after the one a shoemaker uses to stretch shoes. It enters modestly and easily and then the rhinologist closes his hand on the handle and the patient says: "Good God."

"Your septum is crooked," says the rhinologist. This is a snappy comeback and never fails to elicit a snort from the patient. If he is an experienced patient he has been told already some fifty times about this septum and the fact that he still has a crooked septum indicates that he is either a new patient or an experienced one. The next remark of the rhinologist has to do with the turbinates. It appears that they are enlarged. And the final remark has to do with the sinuses. It is at this point that the dark work commences. The rhinologist retires into a dark room with the patient and casts reflections on the interior of the patient's skull. It appears that the patient has been concealing something. He is hiding shadows

about his cranium. But let the rhinologist get the patient into the dark room and he will make light of them.

As for treatment, it falls into two categories, squirtive and operative. The squirtive is the most common. It is so common in fact that the modern office of a laryngologist resembles nothing so much as a

But let the rhinologist get the patient into the dark room and he will make light of them.

gas-filling station. The patient enters, he blows, "honk, honk," on his horn. The laryngologist goes, "psst, psst" and the patient breezes on.

The operative methods merit special notice beyond the attention paid to the surgeon. The tonsil operator is as jealous of his armamentarium as is the violin virtuoso in relation to the Cremona or Guarnerius instrument from which he teases haunting melodies.

Of all the strange organs conferred on the human race by beneficent Nature the proboscis is the most peculiar. In literature except for the immortality conferred on it by Rostand in *Cyrano* it has been much neglected. Where, indeed, is there a woman satisfied with her nasological adornment. She wants it lengthened, shortened, turned, filled in, filled out, or otherwise manipulated. Thus there arises out of this specialty the new group of plastic surgeons. In the main these brothers are devoted to plastering their own vaults by molding the pocketbooks of their clientele, prospering on the greatest weakness of mankind—or womankind—its vanity. The worst of this fraternity lend a proper contour to the nose by the injection of paraffin. Then, on a hot day, when the paraffin begins to weaken and

like a coward to run, what was once a nose becomes a pendant adornment like a hot icicle. Think of maintaining a proboscis that needs to be sheltered continually beneath an umbrella!

The history of the specialist in ear, nose and throat, is like the story of Cinderella. There all the time were those three poor homely organs with nobody paying very much attention to them except when they got in the way. Then it was discovered that just a little infection off in one corner of any one of them could cause a shooting pain in the knee or the spine that would interfere seriously with a niblick shot or a tango—and focal infection was born. The little germ, tired of his local residence, stepped aboard a floating red blood corpuscle as the blood went by, and the next hour the said little germ accompanied by a flock of relatives was raising hell in some joint. This made the patient hot and sore. Time was when he used to treat the complaint by rubbing horse liniment on the skin. Now the otolaryngologist locates the old home of the germ family, removes it or empties out the

home guard, and what the patient calls rheumatism not infrequently gets well.

So otolaryngorhinology has become a great specialty. The real professors of this science have to know a lot, not only about the ear, nose and throat, but also about the reactions of the body that they adorn—and vice versa. It is simple to poke fun at them but the jobs they do are serious. Recently a little Chicago girl rolled merrily into the operation room and submitted herself to one of these minor operations. When it was over and she was quite recovered, she said between sobs: "I am never—going to have—that done—again,—it is—too big—a job."

And another little girl, in training for advanced age, described her operation in the following manner: "They took me in the room; I was in my nightgown; then the doctor came in with his pajamas on; there was three nurses there in their nightgowns; they hit me on the head and we all went to sleep; then when I woke up I had a sore throat."

THE OPHTHALMOLOGIST

THE average man has a hard time distinguishing the ophthalmologist from the optometrist and oculist. He thinks, indeed, that an optimist is an eye doctor and pessimist is a foot doctor. He thinks an orthopedist is a man that stands straight; a pediatrician, he thinks, is a foot doctor, thus confusing him with a chiropodist. The chiropodist, he has convinced himself, is a man who teaches canaries how to chirp. He confuses pedestrianism with perversity because his knowledge of etymology is deficient. He knows dyspepsia comes from the Greek because he got his in a Greek restaurant.

The ophthalmologist is the great egoist or eye-man of the profession. Seldom is it necessary for him to make a complete physical examination. The sweet young thing had broken her glasses. She took the remains of them back to the doctor. "I have broken my glasses," she said, "do I have to be examined all over again?"

The young ophthalmologist sighed: "No," he answered, "only your eyes."

The eye is the mirror of the soul,—but also of the body. It can tell a real eye specialist whether or not the patient has locomotor ataxia, brain tumor, high blood pressure or incipient Bright's disease. Now that, after all, is the difference between a real ophthalmologist and what is called an optometrist or refractionist. The former has studied medicine first and ophthalmology afterward; the latter fits spectacles.

The eye can tell the ophthalmologist a great deal. To the average person it says, "Come hither, come hither," "Nothing doing," or "If you do, look out." To the ophthalmologist it tells whether the patient sees double because he has been dabbling too frequently with spiritus frumenti or has trifled too carelessly with botulism or lethargic encephalitis. The eye is the most accommodating organ in the human body. Given half a chance it will accommodate itself to near or far objects, to light or to darkness. But even the best of eyes can not be kept on a boil on the back of the neck.

Back of the eye is the understanding. The Biblical text has it: "They have eyes and see not."

The young man was asked by his girl the nature of an insect floating on his lemonade. "It's a ladybug," he said, and she murmured, "My, but you've got good eyes." Indeed, there is nothing about which people are so sensitive. We all vary in the extent of our vision, in our ability to distinguish

"It's an Old Gold."

one color from another, or from a different shade. That too is the ophthalmologist's business.

The old system of fitting glasses was to try on one pair after another until one found a set that seemed to fit the situation. The ophthalmologist is a mathematician who

measures every possible angle and curve, constructs an equation that nobody but another ophthalmologist can understand, and when the glasses are put on they fit.

It's like the lady in the zoo. She watched while the keeper brought two bales of hay and four buckets of water to the hippopotamus. Then she inquired: "Is that a male or a female hippopotamus?" and the keeper said wearily, "That, madam, is a question which should only interest another hippopotamus."

The ophthalmologist fits himself out with an ophthalmometer, an ophthalmoscope and a slit lamp, and his office looks like the research department in Henry Ford's plant. If you think his specialty is narrow consider the fact that the slit-lamp experts have split themselves off in a special society.

Already the public has begun to realize that when the ophthalmologist puts his own eye about two inches from that of the patient and gazes intently therein by means of his little instrument he is learning things.

A maiden was sent by a gynecologist, who was treating her, to an ophthalmologist for a

refraction. The latter, noticing something besides the necessity for certain lenses, said to the damsel: "You need something else beside refraction."

And the young lady murmured: "Oh, doctor, I didn't think you could tell that from my eyes."

THE DERMATOLOGIST

THE patients come to the dermatologist with a handicap that starts from scratch. His specialty is a system of nomenclature. Before we had dermatologists, anything that was red and itching and poured out fluid was called eczema; what didn't itch was syphilis. Now eczema is split up into four hundred different complaints, each of which has five other names ending in *itis*, which means inflammation.

The dermatologist is long on names, but longer on treatment. A good dermatologic prescription contains enough ingredients to qualify an ordinary pharmacist for a professorship. The average physician hits the cause of the diseases and is satisfied with that, but the specialist in skin diseases not only hits the cause but accommodates his prescription to the color of the patient's skin, the ability of the prescription to stay on the skin, and the ability of the skin to stay off the prescription. Mostly this is accom-

plished by various quantities of starch, talcum, zinc oxide, sodium biborate, magnesium oxide, adipis lani and hydrosi, petrolatum and what have you.

One dermatologist in a large city is so busy that he has no time to watch the patients disrobe when they see him. They have to remove all their clothing in the dressing-room. He had just dismissed a case of pityriasis rosea and called for the next patient. A long, shambling personage, enveloped only in a sheet, stumbled into the room and began, "Doctor, I—I——"

"Now, that will do," said the specialist, "just keep quiet and let me look at your skin. Just where is the trouble?"

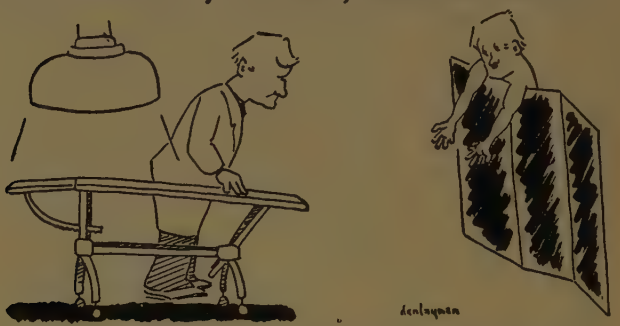
"What I'm trying to say, doc," said the long person, "is that I'm selling vaccines and they wouldn't let me in here with my clothes on."

Lately the skin specialist has discovered a lot of complaints that are due to the job the patient has. Dish-water makes dermatitis on hands formerly addicted merely to makeup. Cigarettes stain the inside of the fingers and poker players develop a callous

spot on the thumb and on the forefinger.

Recently a man called on a dermatologist who found a blue spot on the back of the man's neck. "I'm subject to those," said the patient, "because I'm a clarinet player."

"I don't see how that can produce bruises on the back of your neck," said the doctor.



"What I'm trying to say, doc, is that I'm selling vaccines and they wouldn't let me in here with my clothes on."

"It doesn't produce them exactly," said the patient, "but it puts me in a position where I am very liable to get them."

"How's that?" inquired the medico.

"I sit directly in front of the man who plays the slide trombone."

In the old times a mother whose son broke out with red spots and blisters explained the

matter by saying it was due to a humor in the blood. One kid I knew when young was always having measles, chicken-pox, scarlet fever and eczema. He was the worst humorist in the neighborhood.

In his spare moments between removing warts, birthmarks, pimples, blackheads, moles and red spots, the dermatologist, who is somewhat of a specialist in matters of beauty, advises credulous and hopeful males how to save their remaining hirsutage. The women are wiser than the men: a man buys hair tonic but a woman buys hair.

Once a young fellow, rapidly becoming bald, consulted the late Dr. Joseph Zeisler, of Chicago, who was himself the possessor of a glistening cranium. Suddenly it dawned on the young man that the professor was himself a victim of the very condition for which he was prescribing. "How come?" inquired the young man.

"Ah," said Professor Zeisler, "when I was a young man there was no Doctor Zeisler."

The skin was formerly thought to be just an envelope to hold the insides in. Now it is known that the skin too is just a mirror

which reflects the disturbances within. Some people can not eat strawberries without bursting forth with blotches like the Star-Spangled Banner. Others can not tolerate lamb chops or fish. To the average man a spot on the skin is just a red spot, a blister or a pimple. To a dermatologist it is any one of several thousand possibilities each of which may have several causes. The dermatologist is a great deflater of major disturbances. When the patient is suffering the tortures of the damned with his itching the dermatologist not infrequently says, "Fleas" or "Scabies" or "Pediculi," prescribes a bath, sulphur or larkspur, and the patient promptly recovers. The average patient is not like the goldfish. When the goldfish has eczema it's on a small scale. When the baby erupts every one knows it.

In the old days everything affecting the skin was treated with pills, a salve or a lotion. To-day the dermatologist uses X-rays, radium, ultra-violet rays, carbon dioxide snow, diathermy and many other kinds of treatment. The skin to him is a canvas on which he provides the proper view

according to his knowledge and ability. But the old reliable methods still hold forth. When the patient leaves he is equipped with the prescriptions and they do the work. Of course, during the first few days they don't work while he sleeps. The reason is that he does not sleep. He has to get up every two hours to change the prescription.

THE UROLOGIST

Urology is a scientific specialty largely devoted to repairing the ravages of a rapid life. Formerly practically the entire time of the urologist was devoted to what were called the social diseases, indicating that their onset was associated with keeping company not wisely but too well. One of these disorders was most frequently brought about by a germ that was biscuit shaped and came in pairs. The pairs indicated its origin still further and because of the prevalence of this germ there is nothing like urology for raising the dough. This organism is a hardened sinner. For years the professors of pharmacology have been developing stronger and more delicate antiseptics to cause the germ to curl up and depart from its habitat. The number now goes up even beyond mercurochrome 220.

The urologist has a specialty that implies the height of delicacy both in the nature of the conditions with which he is concerned

and in the way in which he concerns himself. Let him get the patient on a table in the proper position—somewhat like that adapted to giving birth—and he begins to connect up wires, tubes, sockets and pipes. Down goes the pipe, in goes the water, on goes the light, and then the urologist begins to look at the pictures in the interior of the bladder. A middle-aged grouch remonstrated: "Doc, I've been piped before for gas, but this is the first time I was ever wired for electricity." They are not moving pictures, but the experience is such that the patient can give a most moving recital of it to any one that has the strength to listen. After stopping at this first way station the urologist passes a couple of wires on up to the kidneys, one on each side. The distance may be great but it does not daunt the urologist. He used to content himself with feeling around for these organs. Now he stands off and watches them become visible through opaque substances injected from below, dye substances injected intravenously, or functional tests of various kinds.

Formerly most of the conditions affecting

the kidney were called Bright's disease. Now any good urologist can put up a classification beginning with nephritis and nephrosis and having any number of conditions in between. The kidney, which to most people merely signifies steak and kidney pie or giblets, to him means a place where rocks assemble, germs find their habitat, and strange performances take place.

The meanest tool in the armamentarium of the urologist is called a sound. It begins small but it raises a tremendous holler when the large sizes get active.

Somehow the patient is always reticent about his urological difficulties. Of the chief urological condition the poet wrote:

There's a disease that is very contagious,
It's name is simply outrageous,
There's no cure that is sure,
But if one is pure
He'll not take a chance though courageous.

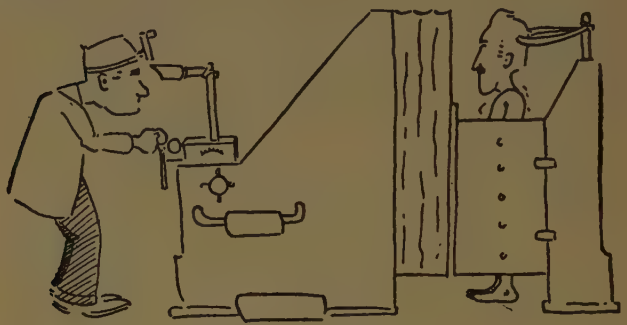
And when the doctor broaches the question delicately the conversation is like this: The doctor says: "Did you ever have a social disease?" And the patient answers: "No, doctor, and I hope I never do again."

THE ROENTGENOLOGIST

THE roentgenologist is a shining light in the profession of medicine. He is always pursuing shadows and he works best in the dark. His favorite scenery includes apical abscesses, stones, and notches. Sometimes he can see things which the eyes of the average physician are unable to distinguish and sometimes when the average physician looks for these things at operation or post-mortem, they are there.

The radiologist must be an electrician, a photographer and an all around mechanic. There was a time when he devoted himself wholly to still-life studies and snap-shots of single sections; in other words he did a retail business. Nowadays, he is concerned with dental pictures that come in lots of ten and with serial pictures of the gastro-intestinal tract that come in quantities of fifteen to one hundred—dollars. This, of course, does not include fluoroscopy which places him definitely in the class of moving-picture magnates.

The patient must have great confidence in the radiologist, but no more than that of the radiologist in the patient. But of course the advantage is all with the fellow who can count your money in your pocketbook while you still have it concealed in the pocket of your pants. One of the practitioners of this specialty spent ten minutes one morning ex-



"You have hangnails."

plaining the device to the young flapper who was responsible for the conduct of his office. That day she was attired in the modern two-piece wardrobe that the fashion experts have decreed. The next day she arrived wearing four petticoats and a woolen overskirt and nobody knows even yet what she had on underneath.

THE LABORATORY ENTHUSIAST

BEHOLD the laboratory enthusiast. Secluded in his little cubby-hole at a magnificent salary of almost four thousand dollars per annum he has spent the last thirty years in a vain effort to prove that the red cells are not really red—they only look red. He is more interested in finding out whether or not the débris at the bottom of the one-quart fruit jar contains ammonia or formaldehyde than in the years of expectancy of life of the patient who deposited the débris. To him the case is not complete until he has been present at the post-mortem examination. The pathologist, who is the leader of the group, has been described as a doctor who invents new diseases for other doctors to cure.

In the laboratory the investigator develops the evidence on which the patient rises or is buried. To him the blood is a fluid which tells the ability of the patient to resist disease, the diseases which the patient has, and perhaps the diseases that the patient is going

to have. He can take it apart and put it together again. The delight of his life is to get together a lot of fluids of non-potable character and to determine therefrom that the insurance rate for that patient is going to be forty per cent. higher than the average. The

"You wouldn't advise me to drink too much of it?"

crowning achievement of his career is to get his name hung on to a test which makes him a medical immortal. Let a man find out that his Wassermann[1] and Kahn[2] are nega-

[1]A blood reaction indicating that the patient has succumbed to the spirochæta pallida.

[2]A simpler test for the same purpose.

tive or let a woman know that in her case the Aschheim-Zondek[3] test answers "No" and happiness is assured for a considerable period.

It is the delight of the research enthusiast to declaim in medical meetings during which process he is the world's greatest narcotic, being exceeded only by the radio. When he undertakes this performance half the audience becomes somnolent in fifteen minutes, and they figure it is deep stuff. Midway in his demonstration he begins to put diagrams on a blackboard. He can write more letters and figures on a blackboard in less minutes than a lightning calculator on the Orpheum Circuit.

For him the words histamine and imidazol and paramino-benzoyl gamma dinormal butylaminopropanol sulphate are as simple as "Can the bull run?" "I'll say can the bull."

In an earlier day every general practitioner had his own laboratory in which he performed the simple tests that showed the

[3]A test that indicates that progeny are not soon to be expected, though a possibility.

presence of a few major complaints. But soon the glassware and the machinery increased in importance and now the doctor merely orders from the laboratory the results of the tests that he wants done. Thus a medico asked a young lady recently for a twenty-four-hour specimen. She returned in great dismay carrying a small bottle and claiming that eighteen hours was her limit. Much of the time of the laboratory man in the past was concerned with determining that the specific gravity, and the total solids, total nitrogen and urea of the straw-colored specimen was normal. Nowadays three-fourths of his business is concerned with establishing the fact that the straw-colored fluid assays four per cent., that the molasses colored liquid is free from wood alcohol and that the thin white stuff that looks like water is free from cresol derivatives and will not produce jake paralysis.

The great pleasure of the laboratory investigator is what is known to the hoi polloi as the stomach test. The patient is told to arrive early next day that he may become the recipient of a test meal. He arrives at

eight o'clock licking his lips in anticipation of a pleasurable breakfast. The office girl presents him with two soda crackers and a glass of water. This is not his for long. He is induced to enter the sanctum of the laboratorian who awaits him clad in a rubber coat and wielding in his right hand a rubber hose that seems to be a yard long and half an inch through the center. This pipe is introduced into the gullet of the victim. It goes down easily enough, but as the investigator presses on the bulb at the end the diaphragm turns inside out and the lungs reverse themselves through the windpipe. At the same instance the patient remonstrates vigorously, saying "Ergyoox—rax—zook" which is quite intelligible to the laboratory investigator. It means that the job is being done O. K. From the returns he gets by this performance the laboratory expert finds out that the pH is 1.2, the total acidity 35, and the pepsin sufficient to form a subsidiary for Mr. Wrigley.

In his spare time the investigator scrutinizes such spare parts as may be sent to him from the operating room. From one-six-

teenth of an inch removed and deposited with him he can tell whether the lump on grandpa's forehead is a symbol of good-luck or the beginnings of the cancer that means the finish of grandpa.

The results discovered by the investigator as usually announced are plus and minus. This it was that made a colored boy, returning to his place of work, say to his collaborators: "Salute me, men, I'se a four plus niggah." No one knows better than the laboratorian that it is better to wear plus fours than to have to treat a four plus.

In an earlier day most of the significant discoveries in medicine came from the doctors who sat at the bedside. Nowadays they still contribute greatly, but so much of their time is taken in applying the fruits of the researches to the needs of the sick that special institutes are built in which the laboratory workers sit day after day and far into the night, cogitating and experimenting. Ever and anon they issue forth to shout "Eureka" with some new test, sign, reaction or method, which will aid in diagnosing, preventing and curing disease. For these monu-

mental contributions the investigators are greatly honored. They are elected second-vice-presidents in scientific organizations and the manufacturers who take the profits from the patents on their discoveries invite them to go along on one-week yachting trips in the summer. Not infrequently the investigator is decorated by some foreign government! But should his enthusiasm run away with his judgment and his discovery prove a fiasco, he is permitted to wander harmlessly around a University campus in his old age, depressed because some disrespectful small boy has decorated the back of his old top hat with a ripe tomato.

THE HOSPITAL SUPERINTENDENT

If the doctor must have all the virtues with which it is possible for mankind to be endowed the hospital superintendent must have all that he has—and then some. The superintendent must be the peacemaker and the pacemaker. The superintendent must know enough science to see that the scientists work scientifically, enough economics to see that the hospital runs economically, enough civics to see that the employees are civil, and enough business to keep everybody busy. When the patients complain of the doctors the superintendent must console them; when the doctors complain of the nurses, the superintendent must uphold them; when the nurses complain of the orderlies and scrub maids, the "super" must scold them, and when others complain to the board of directors, the "super" says they did what he told them. It may well be gathered then that the chief duties of the superintendent are to listen to complaints and to explain them away. But it amounts to far more than that—the super-

intendent is the hospital switchboard through which all lines are routed and rerouted so that everything works into a single cable. Through the "super" pass all incoming and outgoing messages. No one has ever

The superintendent is the hospital switchboard.

estimated what the life of the average hospital superintendent would be engaged in any other occupation. There are not that many years.

There was once a hospital superintendent whom everybody loved and nobody knocked;

he lasted three weeks. There was another superintendent whom everybody knocked and nobody loved; he didn't last at all. The ones that last are those that keep the knocks and the loves a fairly even balance and who have a lot of luck.

There is only one position in the world harder than being a hospital superintendent and that is being the impresario of an opera company. Only the artists in such a conglomeration have more temperament than the average group of physicians, nurses and hospital employees. The mirror that reflects the hospital superintendent has to be one of those three-way combinations used by the average ready-made clothing house to convince the customer that the suit fits every place that it feels wrong. It reveals the hospital superintendent with three faces, one for the physicians, one for the public, and one for the resident nurses and staff. But above the three faces rests the same lively, earnest, sincere brain, working for the good of all.

The supervising nurse is the right hand of the superintendent; what responsibilities

the "super" ducks are laid upon her; what blame the "super" can dodge she gets; her ambition strangely enough is to be some day a superintendent; hers not to reason why, hers but to do and try. She travels hither and thither about her little kingdom, inspecting the natives at their daily toil and seeing to it that they fulfill their allotted tasks. She is cautiously referred to in her absence by the nurses and the internes as "the old cat" but they call her "my dear" when they ask her for a little time off for Christmas shopping. It is the desire of every nurse to be a supervising or floor nurse and the latter thinks only of the time when she too was young and free from care.

THE DIETITIAN

The work of the dietitian is perhaps the most difficult and unpleasant task of the hospital personnel. Her duty is to provide food for those who are not hungry and who would rather not eat. Dietetics has passed from a simple formula, such as, oatmeal for breakfast, lettuce for lunch and soup for dinner to so many calories and so many vitamins per portion. The dietitian of an ancient day was chiefly concerned with the marketing for the institution. Nicely attired, she journeyed to the markets and selected all the best-looking fruits, vegetables and cuts of meat available. Nowadays she orders over the telephone and with the expert assistance of three comptometers and an adding machine she calculates the total calories involved, the alphabetical vitamins, the mineral salts and the roughage. This task, together with the answering of kicks from the hospital personnel on the food furnished for their consumption, is sufficient of a task for any ordinary person.

The duty of the dietitian is to tempt the patient to eat what the doctor ordered. Nothing is so capricious as the desire to eat.

Mr. Jones at a dinner party had been trying to say something nice to his hostess. "What a small appetite you have, Mr. Jones," she remarked.

"To sit next to you, Mrs. Smith," he replied, "would cause any man to lose his appetite."

Then he wondered why he wasn't invited to the next affair.

Take a man who is off his feed and there is no getting along with him. The official pessimist of a small western town who had wrestled with indigestion for years stood in front of the post-office as the noon whistles sounded.

"Twelve o'clock, eh," he said, half to himself and half to an acquaintance. "Well, I'm going home to dinner. If dinner ain't ready I'm going to raise hell; and if it is ready I ain't going to eat a bite."

The dietitian is likely to insist in these modern times particularly on lettuce and leafy vegetables. Confronted with such a

portion the patient takes a look and inquires innocently, "Do I eat this or did I?"

The dietitian is a fiend on the vitamins. One of them, somewhat thin and scraggly, was explaining to Mrs. Murphy what she ought to feed the little offspring. When the discussion was ended Mrs. Murphy remarked conclusively: "Well, lady, all I can say is that you ain't no argument for them vittles."

When the average man sits down to order he considers meat, potatoes, bread and dessert, and the cover charge. Not so the dietitian. She, it was, who said to the waiter in the restaurant: "Waiter, the steak you served me contained sixty per cent. water, twenty per cent. protein, nineteen per cent. fat, one per cent. ash; the potatoes were seventy-eight per. cent water, two per cent. protein, eighteen per cent. carbohydrates, two per cent. ash; the bread was thirty-five per cent. water, ten per cent. protein, one per cent. fat, fifty-three per cent. carbohydrates, ten per cent. ash. Deducting the amount charged for water and ash from this check for one dollar I find I owe forty-one

cents for this repast. Here is half a dollar, please keep the change."

The job of the dietitian has been made by the discovery of the diathetic and deficiency diseases. If vitamin A is missing one gets xerophthalmia and a lot of minor distur-

"You are missing in vitamin A."

bances, if B is missing the result may be pellagra or polyneuritis or lack of appetite and some trouble with digestion; a missing C means scurvy; D prevents rickets, mobilizes calcium and helps bones and teeth to grow; E is concerned with sterility, and the rest of the alphabet waits without. Already

B has been split into F and G and an investigator insists on H.

A small boy, after his first few lessons in home economics—because the boys are taking it now while the women study politics—was asked to write an essay. He couldn't think of a subject.

So the teacher said, "Tell about yourself; write what is in you."

The composition read: "In me there is a stummick, a liver, some lungs, hot cereal for breakfast, a lollipop, the kidneys and the vowels which are *a, e, i, o* and *u* and sometimes *y* and *w*."

That concerns the dietitian; also low sugar for diabetes, salt-free for nephritis, low acid and high alkali and plenty of calcium, phosphorus, iodine and iron. Of course, we really don't need so very much of any of these; but the dietitian has to know exactly how much, when and why. The old proverb said: "Tell me what you eat and I will tell you what you are." Leave it to the dietitian; if she thinks you are a jackass you'll get oats and grain, and darn' little meat.

THE NURSE

It is the common belief that to-day they are turning out good nurses. Indeed, the fear has been expressed in various places that they are turning them out too good. There was a time, not so long ago either, when the doctors they turned out did not get quite the amount of education that is given to the modern nurse. Some of that variety settled down to practise with the equipment they had and haven't learned anything since. The result is obvious. One of them gets on a serious case and the family suggests the possibility of getting a nurse. Pretty soon a blossoming damsel of some twenty to twenty-five summers comes tripping into the house, fetches forth some history sheets, inserts a thermometer into the patient's mouth, takes the pulse, feels the skin, makes records of the various physiological functions, and the next morning, when his honor, the medico, calls, she greets him with a few suggestions. A few weeks later the ancient practitioner with the unkempt hirsutage

may be observed with his traveling bag en route to the railroad station, while the local weekly announces that Dr. John Mossback has gone to New York City, where he will spend three months in study at some of the well-known clinics.

The middle name of the modern nurse is efficiency. But there are times when the doctors and the patients are likely to call her something else. What she thinks she knows about medicine would fill two loose-leaf systems. Her favorite stunt is to tell the patient that the general practitioner is an old fogy and that salvation depends on calling in a specialist who is her particular friend. "My dear," she says, "he has me on every case."

The modern nurse is a real salvation around a home because it keeps so many people busy waiting on her there, that there is no time for worry about the patient. A hard-boiled graduate of thirty years went recently into a suburban home inhabited by an inoffensive member of the white-collar class and his small family. When she had fully stated her terms and the conditions

under which she would and would not work, the family went into a huddle from which the pater familias eventually emerged with the following offer: "I'll tell you what I'll do," he said. "I'll turn over my whole salary to you and you nurse the whole family."

In the old days the widow of the town derelict was the town nurse. She had helped to bury half the population and was willing to help to bury the rest. She kept the windows tightly shut, never changed her dress, took complete charge of the case, poured the medicine out of the window, and told the family secrets to the neighbors. She was a practical nurse. The modern nurse is a high-school graduate, takes three or four years of training in a hospital doing everything that the patient requires—or almost everything; attends surgery, obstetrics, and all the specialties, and when she graduates becomes a specialist herself. She is a visiting nurse, a public health nurse, a school nurse, a social service nurse, an obstetric nurse, an infectious disease nurse, a day nurse or a night nurse, and once in a while

she can be persuaded to nurse a patient sick at home.

From the moment of her entrance into the hospital, if she has anything at all in the way of pulchritude, and practically all of them have, she begins to pick out the doctor with whom she will eventually share her days. Indeed, almost any woman clad in the clothes that are selected as a hospital uniform for the nurses has three times the chance of Mademoiselle Fifi in a Paris gown. Shortly after his graduation she becomes the bride of a struggling young physician. After three years of married life he has little or no struggle left in him. Ten years after graduation he becomes able to support her in the style to which her fees have accustomed her.

But bear kindly with the registered nurse. When the hemoglobin passes eighty-five and quotations begin to come in around ninety, when the red corpuscles pass the four million mark and the blood pressure begins to tickle the cerebral centers, when the endocrine glands begin to release their internal secretions into the circulating fluids, the

convalescent male begins to look around and take notice. At ten P. M. when he is all in and when every wrinkle in the bed sheet feels like the Rocky Mountains, she smooths his bed and rubs him down with a cool palm and a half bottle of a strangely reminiscent fluid. Just before he closes his eyes he finds himself reaching for her hand and calling her his sweet angel.

THE CHRISTIAN SCIENCE PRACTITIONER

This mental misfit is a mathematician who has convinced himself that two and two make anything from three to five and one-half. To call him Christian is a misnomer for he reverses the Golden Rule constantly doing others whom he can not be done by. To call him scientist is more nearly correct for he has reduced the art of living without work to an absolute certainty. His specialty is absent treatment. Never was a form of treatment better named. Of his attempts to invade the medical field examples are legion.

Recently a New York banker was afflicted by the loss of his wife. He suffered greatly, lost his appetite, and gained little relief from all the usual measures. Finally he was prevailed upon to consult a tall, statuesque, beauteous lady Christian Science healeress.

She said to him, as she held his hand, "Let us kneel, Mr. Johnson, and pray." So for thirty minutes they knelt and she prayed,

holding his hand and sending toward him waves of pleasantly scented and warm aroma. Then she arose and helped him to his feet. "Now, Mr. Johnson," she said, "how do you feel?"

And Mr. Johnson answered: "I feel like a damn' fool. How do you feel?"

Another incident concerned a patient, undergoing maternity, and the Christian Scientist must endure much the same kind of travail as does the believer in other religions. This one was firm in her faith, and when a friend asked her: "Did you have much pain?" she answered: "No, bless Mother Eddy, I had no pain—but the pressure was terrific."

Far be it from me to cast aspersion upon the spiritual belief of any adherent to any form of organized religion. A young couple were starting on their honeymoon and she said to him: "George, I've got a confession to make to you, I'm a somnambulist."

"That's all right," said George, "you go to your church and I'll go to mine."

I am concerned here only with the medical aspects of this extraordinary form of

self-deception. If it has any merits, they lie in the fact that it has caused more people to pay attention to the relationship of mind to disease. That relationship lies behind all of the strange spiritual healing notions that have existed since the beginning of time. Indeed, we need be but little concerned about any adult who succumbs to these strange doctrines because when the pain and the weakness become sufficiently great, something will probably be done. But the children too are drawn into the picture and the results have the humor and sadness associated with pathos.

Dorothy (who is six) has a playmate younger than herself whose parents adhere strictly to the tenets of the Christian Science organization. One day she said: "Mother, do you know that it is better to be a Christian Scientist than anything else?"

"Why?" asked mother.

"Well, Julia has 'splained it to me; if you get cross with another little girl and knock her down, if you are a Christian Scientist you won't have to apologize because it won't hurt her any."

The little son of a prominent woman who had embraced the faith and was urging others to take it up, was out of school one day because of sickness. When the youngster returned his teacher, who had an inquiring mind, engaged the youngster in conversation.

"Been sick, Joe?"

"Yessum."

"Sick enough to be in bed?"

"Yessum."

"Have much pain, Joe?"

"Yessum, I ached all over."

"What did your mother do for you, Joe, while you ached in bed?"

"She mended my pants."

Perhaps after all it is unfair to apply the test of logic to such an illogical combination and it is still more unfair to take advantage of its adherents.

In a crowded hall a little Irishman arose to his feet and asked in stentorian tones: "Is there a Christian Scientist in the hall?"

Receiving no answer he repeated his question, and over in the opposite corner up front a little poetical looking fellow stood

up and said: "I am a Christian Scientist."

"Then would ye mind changin' seats with me, there's a draft here on my back."

THE CHIROPRACTOR

Behold the noble chiroprac
All that he does is punch the back
For ache or pain in head or toe—
And this is his motto: "Get the dough."

His patient may be fit and fine,
But soon she'll have an aching spine
While boldly he—not needing stealth,
Removes the lady from her wealth.

Oh! the chiroprac is free and gay,
He learns his "science" in a day;
One course there is that he must know—
They teach it daily: "Get the dough."

The chiropractor achieves his results by jerking the neck, pulling the leg and laying on hands. He insists that all human diseases are caused by the pressure of the bones of the spine on the little nerves that come out of the holes between the bones, notwithstanding the fact that the use of the X-ray, some thousands of dissections, and innumerable examinations made scientifically

show that the pressures which he says are present simply are not there. Essentially therefore chiropractic produces in the patient a sense of well-being by the power of suggestion.

It was discovered by D. D. Palmer, a

"I'll redouble."

practitioner of magnetic healing who probably derived his inspiration from the views of Andrew Still, founder of osteopathy who started out with the same conception. Just as soon as the colored boys found out that a science had been developed for manipulat-

ing the bones they all wanted to take it up. D. D. Palmer returned from his travels to his home in Davenport. In his building was a janitor who had not heard for many years. The old doctor put the janitor on the floor, applied pressure in the middle of his back, and the janitor heard immediately. It has never been recorded what he heard. From this was developed the alleged science of chiropractic.

The chiropractic professor is the inventor of the meal ticket system of practise. When the patient comes he is told that it will require twenty treatments to cure and he buys a ticket with twenty numbers. Each time he comes a punch is taken out of the ticket. It is not recorded that any patient ever recovered with eight or ten punches either in the ticket or the patient. They have to get the whole twenty.

The chiropractor is also the inventor of the non-returnable kimono. Most of the patients of the chiropractors are women. An old farmer down in Kansas remarked that he had noted that whenever a man went to a chiropractor the bone in his spine that

was out of place was somewhere near the head. The lady is told to bring her kimono which she wears during the treatment—the term "wears" being taken figuratively. She departs leaving the kimono in a suitable steel locker. Should she decide between treatments to discontinue she must return for the kimono and then she can be sold again.

Chiropractic received its first adherents due to the fact that the original Palmer taught anybody that would pay a fee, not even asking that they be able to read or write. The chiropractor's wife came home in tears.

"Darling," she said to her husband, "I just broke my lavalliere."

"Then get on the table, sweetheart," he answered, "and thank Heaven that your husband studied chiropractic."

A DOCTOR'S LITANY

From osteoquacks and chiroquackers; new thoughtists and theosophists; Eddyites and phrenologists; naprapaths and spondylatherapists; and from over-enthusiastic psychoanalysts, Good Lord, deliver us.

From patients who are credulous cranks and hysterics; from women who want what we can not do; from spoiled children and from all forms of malignancy, carcinomatous and otherwise, Good Lord, deliver us.

From compulsory health insurance; from interference with legitimate medical practise; demogogues who would be apostles; physicians who treat narcotic addiction by prescribing narcotics; laymen who know more about medicine than do physicians, and from politicians with platforms, Good Lord, deliver us.

From home-made hooch with no kick or four feet all at once; antivivisectionists, antivaccinationists and all other antis who have endowed their causes with the virtues of a religious cult; book agents with "His-

tories of the World War" or self-laudatory biographies; people who go around with chips on their shoulders and those who go around looking for chips, Good Lord, deliver us.

THE END

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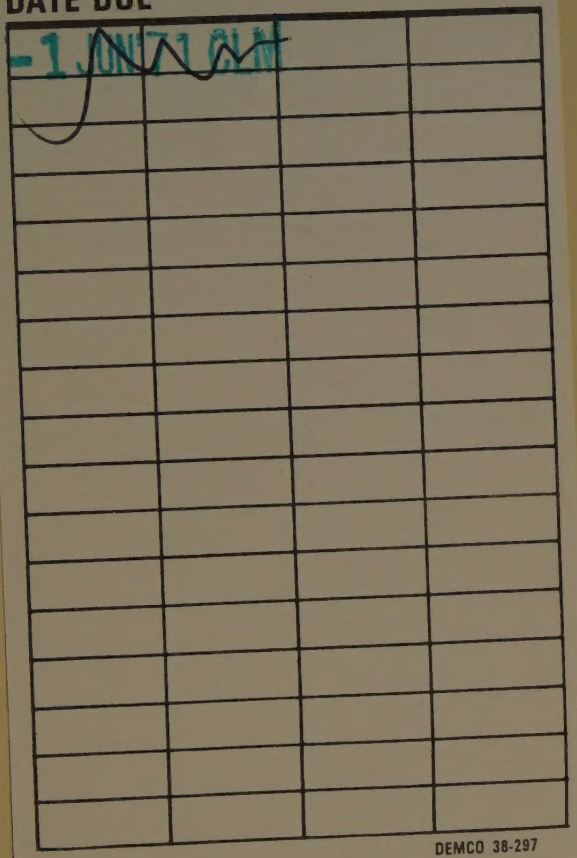

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